

APPLICATION NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/285,550	04/02/1999	709	2154	10360/023001

APPLICANT  
MATTHEW W POISSON, MANCHESTER, NEW HAMPSHIRE; MELISSA L  
DESROCHES,  
KINGSTON, NEW HAMPSHIRE; JAMES M MILILLO, MANCHESTER, NEW  
HAMPSHIRE;  
RAVI SUBBARAO, BEDFORD, NEW HAMPSHIRE.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

None Sub.

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

None Sub.

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

None Sub.

FOREIGN FILING LICENSE GRANTED 04/28/1999

Foreign priority claimed 35 USC 119 (a-d) conditions met after Allowance	O yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> O yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Met	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	<u>SR.</u> Examiner's	NH	40	20	5
Name	Initials				

ADDRESS  
DENIS G MALONEY  
FISH & RICHARDSON  
225 FRANKLIN STREET  
BOSTON, MA 02110-2804

MONITORING A VIRTUAL PRIVATE NETWORK

FILING FEE  
RECEIVED

\$\*1046

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT  
ACCOUNT  
NO. \_\_\_\_\_ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext.  
of Time)
- ☐ 1.18 Fees (Issue)
- ☐ Other \_\_\_\_\_
- ☐ Credit \_\_\_\_\_



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 3847

Bib Data Sheet

SERIAL NUMBER 09/285,550	FILING DATE 04/02/1999  RULE	CLASS 709	GROUP ART UNIT 2157	ATTORNEY DOCKET NO. BA0435US (NORT10-00077)
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APPLICANTS

MATTHEW W. POISSON, MANCHESTER, NH;  
MELISSA L. DESROCHES, KINGSTON, NH;  
JAMES M. MILILLO, MANCHESTER, NH;RAVI SUBBARAO, BEDFORD, NH;

\*\* CONTINUING DATA \*\*\*\*\*  
*Name Sd*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*June Sd*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 04/28/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 40	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
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35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
Examiner's Signature *[Signature]* Initials

ADDRESS  
3300  
SHERRI MCCLINTOCK  
REDA, A DIVISION OF CAMCO INT'L INC.  
401 SE DEWEY, P.O. BOX 1181  
BARTLESVILLE, OK  
74005

TITLE  
MONITORING A VIRTUAL PRIVATE NETWORK

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )